

Name  
in  
Full

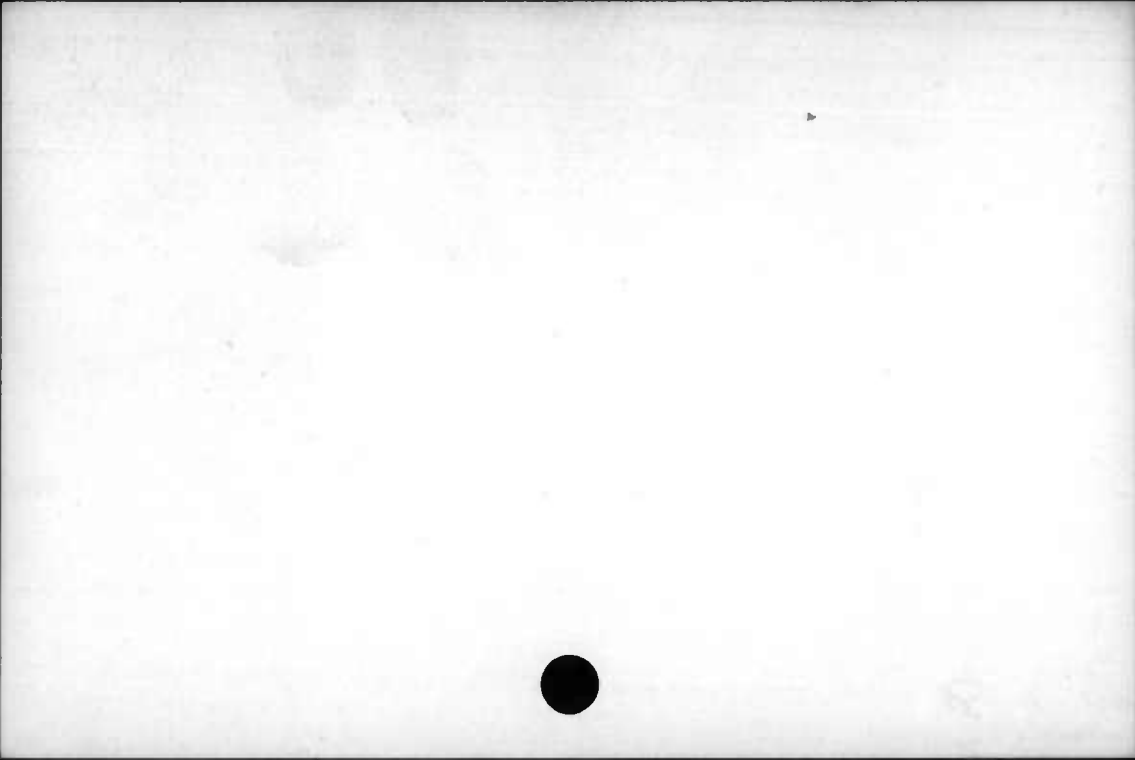
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mary L Armstrong</i>		Town <i>Great Mills</i>		County <i>St Mary's</i>		MARYLAND	
Died at <i>home</i>		Date of death 190 <i>5</i> <i>Apr</i>		Age <i>12</i>		Months <i>—</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth- place <i>St Mary's</i>		Days <i>—</i>	
Married, Single or Widowed <i>Single</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>John Armstrong</i>				Father's Birthplace <i>St Mary's</i>			
Mother's Maiden Name <i>Mary L Thompson</i>				Mother's Birthplace <i>St Mary's</i>			
Name of person giving In formation <i>John Armstrong</i>				How related to deceased <i>father</i>			
CAUSES OF DEATH							

PHYSICIAN  
OR CORONER

Primary <i>a fall sustained while in</i>		How long <i>Immediate</i>	
Immediate <i>Bacterial Meningitis</i>		How long <i>two + half days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. F. Greenwell</i>	
		Address <i>Leonardtown</i>	
Accident or Suicide? <i>8</i>			



*Alice Barnes*

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1900

4

16

Age

13

Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of  
Wife

Father's

Mother's

Name

Name

*Garner Barnes*

*Jane Barnes*

Cause of

Primary

*Consumption*

How long sick

*27 mos*

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

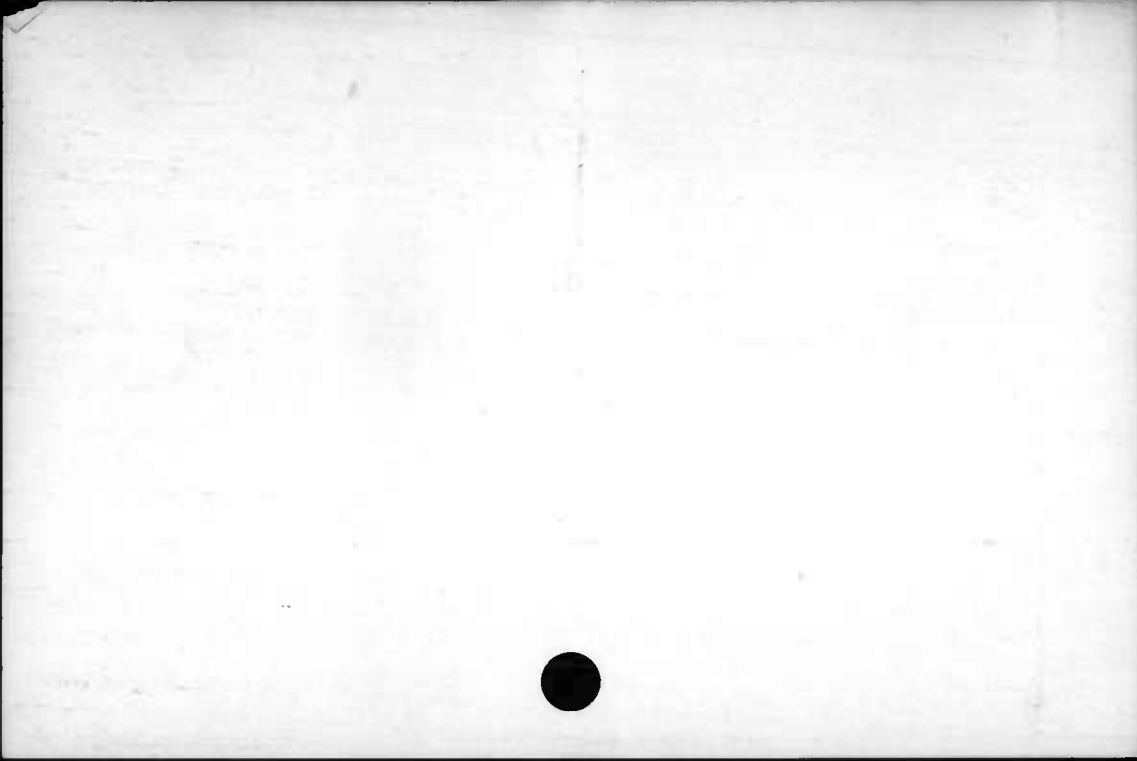
MARYLAND

Name *Joanna Blaggett*  
Town *St. Mary's* County *St. Mary's*  
Died at *near Mechanicsville*  
Date of death *1905* Month *Apr.* Day *15* Years *43* Months \_\_\_\_\_ Days \_\_\_\_\_Sex *Female* Color or Race *Colored* Birth-place *St. Mary's Co.*Occupation *Housewife* Where Residing if not at place of death \_\_\_\_\_Married, Single or Widowed *Married* Name of Wife or Husband *Richard Blaggett*Father's Name *J. William Reed* Father's Birthplace *Maryland*Mother's Maiden Name *Don't know* Mother's Birthplace *Don't know*Name of person giving information *Richard Blaggett* How related to deceased *Husband*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Phthisis Pulmonalis* How long *Three years*Immediate *Exhaustion* How long *5 days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Jack. B. Morgan*Address *Sub-registrar*

Accident or Suicide?



Name,  
in  
Full

Edward Cole

CERTIFICATE OF DEATH

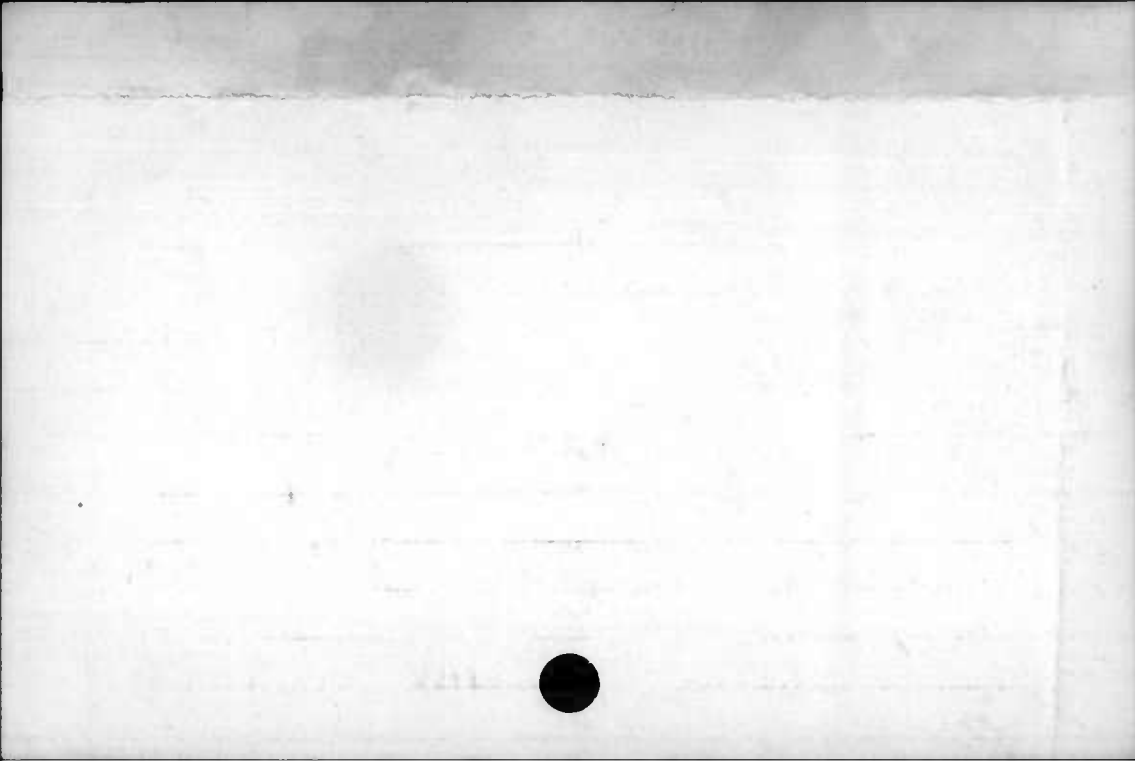
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Great Mills</i> <sup>Town</sup>		<i>St Marys</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i>	<i>April</i> <sup>Month</sup>	<i>8th</i> <sup>Day</sup>	<i>16</i> <sup>Years</sup>	<i>15</i> <sup>Months</sup>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore</i>
Occupation	<i>Laborman</i>		Where Residing if not at place of death <i>St Marys</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>Frank Love</i>			Father's Birthplace	<i>Baltimore</i>
Mother's Maiden Name	<i>Mattie Riley</i>			Mother's Birthplace	<i>11</i>
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate	<i>Acute meningitis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Henry Richardson</i>
<i>Yes</i>		Address	<i>Great Mills, Md</i>
Accident or Suicide?			





Name in Full

Certificate of Death

Jas. Crawley  
 Town County St. Mary's MARYLAND

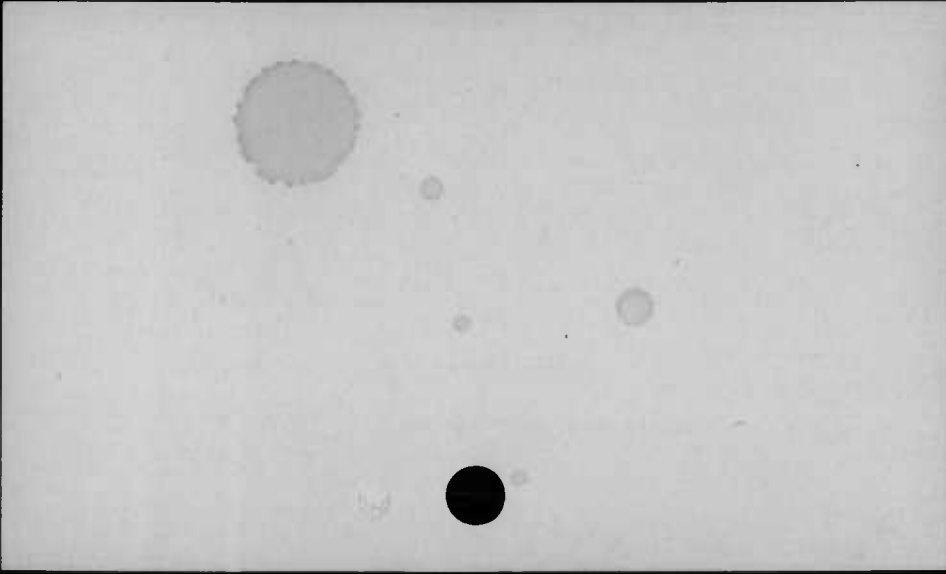
Died at  
 Date 1905- Month 4 Day 14 Y. 62 M. D. Native of Md. Occupation Farmer  
 Male ~~White~~ Married ~~Widow~~ Divorced  
~~Female~~ Colored Single Widower Number of children living 8

Husband of Mary Jane Crawley  
 Father's Name Mother's Name Catharine Crawley  
 Maiden Name

Cause of Death { Primary Tuberculosis Immediate  
 How long sick 3 months  
 Accident, Suicide, Homicide

Reported by Lewis H. Clarke Undertaker  
 Address Great Mills Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Sella Foster

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

near Oakville St. Mary's

Date

of death 1905

Month

April

Day

11<sup>th</sup>

Years

16

Age

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

St. Mary's Co.

Occupation

School girl

Where Residing if not  
at place of death

with her Parents

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Thomas Foster

Father's  
Birthplace

Maryland

Mother's

Maiden Name

Maggie Mason

Mother's

Birthplace

St. Mary's Co.

Name of person giving  
Information

Jos. M. Reiden

How related  
to deceased

Not at all

## CAUSES OF DEATH

Primary

Phthisis

How long

Six months

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

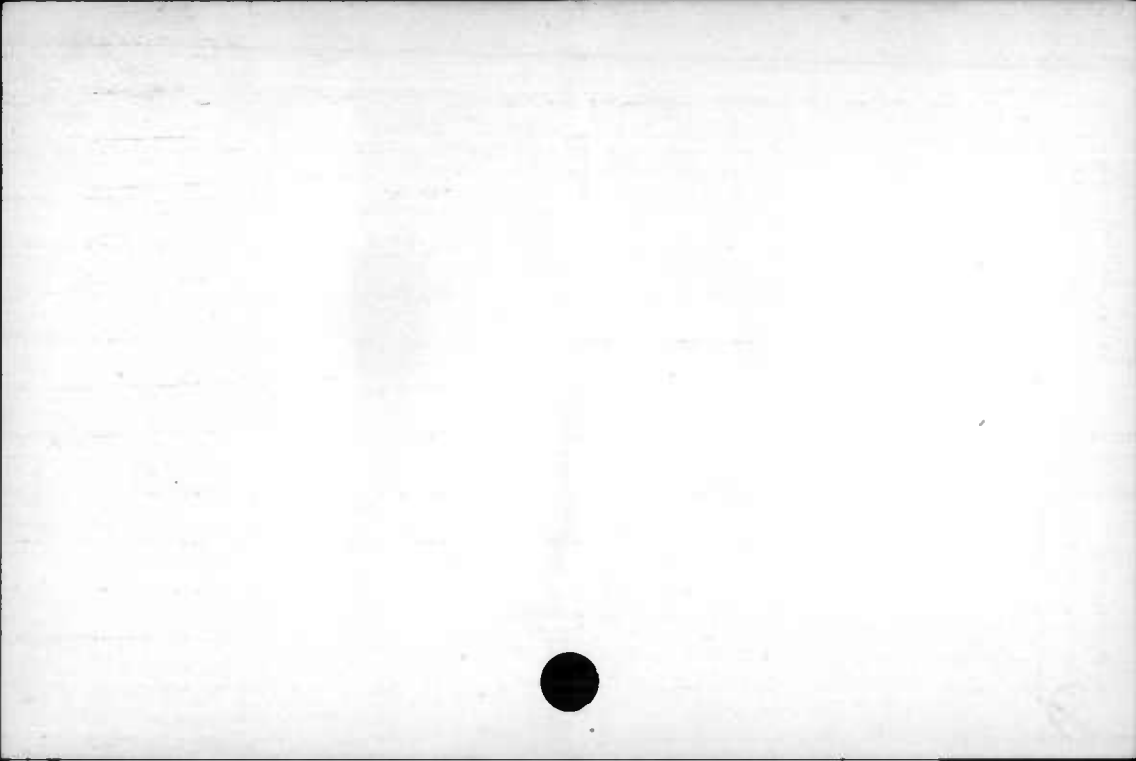
J. R. Morgan  
Mechanicville,  
Ind.

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

8



Name  
in  
Full

Leonard Hall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Thompson's Store*

Town

County

*St. Mary's*

Date

of death *1905*

Month

*April*

Day

*26*

Years

Age

*72*

Months

Days

Sex

*Male*Color or  
Race*Colored*Birth-  
place*Maryland*

Occupation

*Laborer*Where Residing if not  
at place of death*Near Trent Hall*Married, Single  
or Widowed*Married*Name of Wife or  
Husband*Ellen Young*Father's  
Name*Don't know*Father's  
Birthplace*Don't know*

Mother's

Maiden Name

*Don't know*Mother's  
Birthplace*Don't know*Name of person giving  
In formation*Jim. Hall*How related  
to deceased*Brother*

## CAUSES OF DEATH

Primary

*Don't know*

How long

*179* ☒ *died suddenly*  
How long

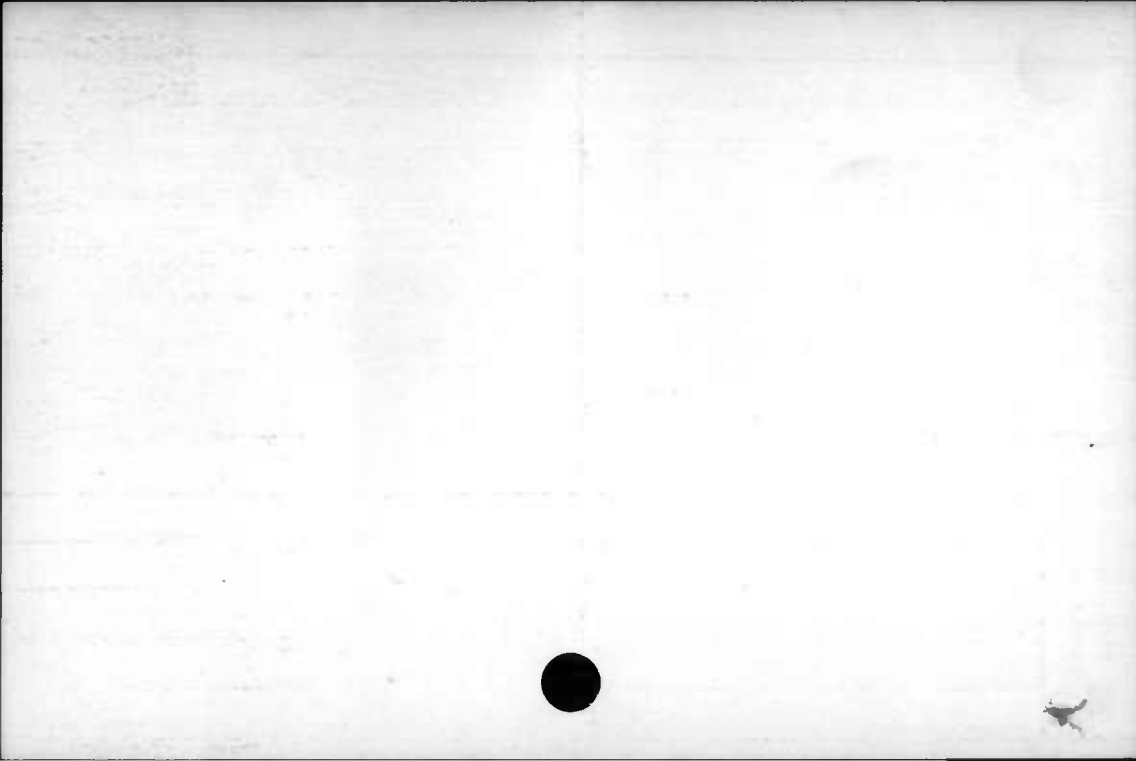
Immediate

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*John R. Morgan**Mechanicville*

Accident or Suicide?



Name  
in  
Full

Katherine Macker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rice Springs</i> <small>Town</small>			<i>St. Mary's</i> <small>County</small>			MARYLAND		
Date of death <i>1905</i>		<i>4</i> <small>Month</small>	<i>1</i> <small>Day</small>	Age <i>18</i> <small>Years</small>		<i>8</i> <small>Months</small>		<i>0</i> <small>Days</small>
Sex <i>Female</i>			Color or Race <i>Colored</i>			Birth-place <i>ind</i>		
Occupation <i>Housewife</i>				Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>			Name of Wife or Husband <i>Stephen Macker</i>					
Father's Name <i>Randolph Middleton</i>						Father's Birthplace <i>ind</i>		
Mother's Maiden Name <i>Sylvia Dyson</i>						Mother's Birthplace <i>ind</i>		
Name of person giving information <i>Stephen Macker</i>						How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>		How long <i>3 days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Robt. V. Palmer</i>
		Address <i>Palmer ind.</i>
Accident or Suicide? <i>8</i>		

